



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-3

July 3, 1997

Mary L. Jones, Treasurer
Conference of National Park Concessioners
Political Action Committee
Canyon de Chelly Nat'l Monument
P.O. Box 548
Chinle, AZ 86503

Identification Number: C00163626

Reference: Mid-Year (1/1/95-6/30/95), Year End (6/30/95-12/31/95), April Quarterly (1/1/96-3/31/96), October Quarterly (7/1/96-9/30/96), 30 Day Post-General (10/1/96-11/7/96) and Year End (11/7/96-12/31/96) Reports

Dear Ms. Jones:

This letter is to inform you that as of July 2, 1997, the Commission has not received your response to our requests for additional information dated June 11, 1997. These notices request information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to these requests (copies enclosed).

If no response is received within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions regarding this matter, please contact Scott Francis on our toll-free number (800) 424-9530 or our local number (202) 219-3580.

Sincerely,

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosures



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

JUN 11 1997

Mary L. Jones, Treasurer
Conference of National Park Concessioners
Political Action Committee
Canyon de Chelly National Monument
P.O. Box 548
Chinle, AZ 86503

Identification Number: C00163626

Reference: 30 Day Post-General Report (10/1/96-11/7/96)

Dear Ms. Jones:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Please provide the totals for Lines 19 and 30, Columns A and B of the Detailed Summary Page. Note that changes in your figures may affect your Column B totals on this report and/or on subsequent reports.

-Please provide the total(s) for Line 11(a)(iii), Columns A and B of the Detailed Summary Page. Note that changes in your figures may affect your Column B totals on this report and/or on subsequent reports.

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(f) and 11 CFR §110.1(d) preclude a committee from receiving contributions from another political committee or person in excess of \$5,000 per calendar year.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. If the contribution(s) you received exceeded the limits, you must seek reattribution of the contribution pursuant to 11 CFR §110.1(k), transfer-out the amount in excess of \$5,000 to an account not used to influence federal

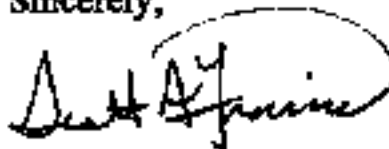
elections or refund the excessive amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all reattributions, transfers-out, and refunds should be made within sixty days of the treasurer's receipt of the contribution(s). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of granting written authorization for a reattribution or transfer-out to another account or receiving a refund.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any reattributions should be reported as memo entries on Schedule A of the report covering the period during which the authorization for the reattribution is received. Any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report during which the transaction was made.

Although the Commission may take further legal action regarding the acceptance of an excessive contribution(s), prompt action by your committee to seek reattribution, transfer-out or refund the excessive amount will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,



Scott A. Francis
Reports Analyst
Reports Analysis Division

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

CONFERENCE OF NATL PARK CONCESSIONERS PA

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOSEPH FASSLER 1002 N. 55th SCOTTSDALE, AZ Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	RESTAURA, INC Occupation: PRES. Aggregate Year-to-Date > 0	2/27/96	\$1000.00
RITA MARSHALL 250 APPLE VALLEY RD SEVIERVILLE TN Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	LECONTE LODGE Occupation: MANAGER Aggregate Year-to-Date > 0	2/27/96	\$100.00
REX MAUGHAN P.O. BOX 60773 PHOENIX AZ 85082 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	FOREVER RESORTS Occupation: PRES Aggregate Year-to-Date > 0	1/25/96	\$1,000.00
MARY JONES P.O. BOX 548 CHINLE, AZ 86503 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	WHITE DOVE, INC Occupation: PRES. Aggregate Year-to-Date > 0	3/11/96	\$10,000.00
R.W. FAIR P.O. BOX 62495 BOULDER CITY NV 89006 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	LAKE MEAD FERRY SERVICE Occupation: PRES Aggregate Year-to-Date > 0	3/13/96	\$250.00
BETTY GRIPENTOG 1990 VALLEY DR LAS VEGAS, NV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	LAS VEGAS BOAT HARBOR, INC Occupation: Aggregate Year-to-Date > 0	3/13/96	\$500.00

0
1
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SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

12,850.00

SCHEDULE A

ITEMIZED RECEIPTS

(See separate schedule(s)
for each category of the
Detailed Summary PagePAGE 12
OF 12
FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CONF OF NATL PK CONCESSIONERS PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD BUCK 85-995 SLOW DOWN LANE VENETA, OR 97487	RETIRED	10/11/96	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEPHEN TEDDER 14001 E ILIFF AV AURORA, CO 80014	TW SERVICES	10/11/96	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MGR	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARY JONES P.O. BOX 548 CHINLE, AZ 86503	WHITE DOVE, INC	10/11/96	5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER	Aggregate Year-to-Date > \$ 15,400.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARNER HANSON 5238 MAMMOTH CAVE RD PARK CITY, KY	NPC, INC	10/11/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRES	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID GACKENBACK 26000 REDBLUFF RD CALABASAS, CA 91302	FOREVER RESORTS	10/11/96	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MGR	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK L. WURZEL 126 BROOKVILLE RD BROOKVILLE NY 11545	CALICO COTTAGE CANDIES	10/14/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRES	Aggregate Year-to-Date > \$ 1000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID DHANESSIAN 21484 RUNNING BR RD DIAMOND BAR, CA 91715	SEVEN CROWN RESORTS	10/14/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRES	Aggregate Year-to-Date > \$ 1000.00	

SUBTOTAL of Receipts This Page (optional)

8800.00

TOTAL This Period (last page this line number only)